

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571505

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		0		2		
6		0		2		
7		0		4		
8		0		4		
9		0		4		
10		0		4		
11		0		4		
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16		0		2		
17		0		2		
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22		0		4		
23		0		4		
24		0		4		
25		0		4		
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49						
50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	14	←	48	←		←
TOTAL CLAIMS	26		60			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						